Department of the Treasury Individual Contract Action Report (ICAR) For Treasury Actions

Note: For modifications or delivery/task orders, only shaded fields need be completed if an action for this contract has previously been reported to TPDS. Write or type all zeroes as \emptyset . For Federal Schedule Actions, complete fields 2 through 18, 22, 29, 35, 49a, 49b, 49c, 49d, 49e and 50. Field 29 must equal A for Federal Schedule Actions.

Reporting Agency (FIPS 95)	2. Contra (No er	ct Numbenbedded		· special	chara	cters)						3.	Mod	lificat	ion Nu	umbei	r		
(0.000)			- F										T						
Contracting Office On	der Numbe	r											<u> </u>						
(No embedded spaces			3)				5. Con	tracting	Officer	Code			6. A	ction	Date				
														C	Y		Mo.	Day	
7. Type of Data Entry 8. A. Original B. Deleting C. Correcting	Report Peri		Kind of C A. Initi B. Defi C. New D. Pur E. Ord F. Ord	al Letter nitive A Defini- chase U	Contraction tive Cosing S sing S	ract Superc ontract implifi e awarc	ed Acq	uisition	s	H. M. J. T. K. L. G. M.	Modif Termi Term Order New New	fication nation ination unde	on (re n for on for er Mu inite	port l Defat Conv Itiple	B for nalt wenien Awar	nods o		zing a letter	contract)
10. Dollars Obligated or De (Whole \$ only. If deob, \$								ation	oligation			b. Ap	prop	Appro	n opriate opropr				
12. Principal Product or Ser (From 12/93 PSC Manus				incipal S SIC) Cod										14.	a. C	omme Y – Y	Yes	tem Acquisi	tion
															1. (
b. Classified Y - Yes 15. Contractor Name (Space between words. If 8(a), use firm name, not SBA). If classified, write "classified."																			
a.																			
Street Address or Box	Number (If	classifie	d, use bu	reau ado	dress)														
b																			
c.	bureau add	ress)											ć	Sta I.]	e.	Code	
16. Contractor Identification (If classified, use 144@			_			(If DC,	, State=	11, Cit	Performa y=5ØØ	ØØ)		oreigr FIPS 1					ernatio	Foreign Go onal Organiz Y – Yes N - No	
19. Tariff or Regulated Leave blank if not Tarif ("N" if 25 = D) Y - Yes N - No	f or Regula	ted	20. Mu	ılti-Year Y – Ye N - N	es	State		Reserve	ace or C	ounty					Manuf nnot =			e alpha)	
23. Synopsis of Procurement A. Synopsized pure B. Not Synopsize C. Not synopsize	ior to awared due to ur	d gency	24	U J. K L	Fixe Fixe Fixe Fixe	d-Price d-Price d-Price d-Price	Redete	erminat conom tive		Adjust	ment		T. C U. C V. C	Cost S Cost-F Cost-I	No Fee haring Plus-Fi Plus-In and M	g ixed-F icenti	ve Fee	Z. Labor	Hour
25. CICA Applicability A. CICA Applicab B. Purchase Using C. Mint Special CI D. Pre-CICA E. Commercial Ite	Simplified CA-Exemp	Acquisiti t Progran	1		26.		. Full a 3. Full a 5. Full a	and Op and Op and Op tect – I	es (Com en Comp en Comp en Comp Engineer ech	petition petition petition	n - Se n - Co	aled I ompet ombir	Bid itive natio	Prope	osal	F. I G. H. F J. F K. S	Reserve Altern Reserve Reserve Set-Asi	ate Sources ed ed	incl 8(a)

27. Authority for Other than Full and Open Competitie (Complete Only if Item 26 = L, Authority must co A. Unique Source (29 = D) B. Follow-On Contract C. Unsolicited Research Proposal D. Patent/Data Rights E. Utilities (29 = B)		L. International Agreement M. Authorized by Statute (e.g. 8 (a) – 29 =B) N. Reserved P. National Security Q. Public Interest							
28. Number of Offers Received (Complete Only if Item 25 = A) A. 1 D. 11 - 15 G. over 50 B. 2 - 5 E. 16 - 20 C. 6 - 10 F. 21 - 50	29. Extent Competed A. Competed Actions B. Not Available for Competition (e.g C. Follow-on to Competed Action D. Not Competed	g. 8 (a))							
30. Type of Business A. Small Disadvantaged Business B. Other Small Business C. Large Business D. JWOD Nonprofit Agency E. Nonprofit Educational Institution F. Nonprofit Hospital G. Other Nonprofit Organization	H. State/Local – Educational J. State/Local/Gov't – Hospital K. Other State/Local Government L. Foreign Contractor M. Domestic Contractor Performing Outside U.S. P. FIRREA WOLB (OCC and OTS Only) O. Large Minority U. Historically Black College/University or Minority Institut	31. Woman-Owned Small Business Y – Yes N - No tion (HBCU/MI)							
32. Preference Program A. Directed to JWOD Nonprofit Agency B. 8(a) Contract Award (26 = L) C. Reserved D. Small Business Set-Asides E. Reserved F. Reserved G. Reserved H. No Preference Program or Not Listed J. Reserved	33. Subcontracting Plan (Equals A if overall contract estimated value is over \$500K or \$1M if construction) A. Required B. Not Required (e.g. small business)	Subject to Labor Statutes A. Walsh-Healy Act B. Reserved C. Service Contract Act D. Davis-Bacon Act (construction) E. Not subject to Walsh-Healy, Service Contract or Davis-Bacon Acts							
35. Completion Date This Action 36. Com	ntractor's TIN 37. Common Parent's Name ((If applicable)							
CY Mo. Day (If cla	ssified, use 99999998)								
38. Common Parent's TIN (If applicable) 39. Reserved for FPDS 40. Reserved for FPDS 41. Reserved for FPDS 42. Demonstration Test Program (Not applicable) 43. Emerging Small Business (Not applicable) 44. Emerging Small Business Reserve Award (Not applicable) Y - Yes N - No 45. Size of Small Business Number of Employees Or Average Annual Gross Revenue A. 50 or less E. 501 - 750 M. \$1,000,000 or less S. \$5,000,001 - 10,000,000 M. \$1,000,000 - 2,000,000 T. \$10,000,001 - 17,000,000 P. \$2,000,001 - 3,500,000 Z. over \$17,000									
D. 251 – 500 R. \$3,500,001 – 5,000,000									
47. Optional Reported Data Elements (Leave Blank) 48. a. Value of Contract if all funds for all options and all delivery or task orders were placed (Whole \$ only) \$ \									
b. Estimated Completion Date, Including All Option You CY Mo. Day	c. Date Requisition Received (mandatory) CY Mo. Day	d. Date Requisition Ready (mandatory) CY Mo. Day							
	e. Procurement C	Complexity (mandatory) 1. High 2. Medium							
49. Contracting Officer or Representative a. Name	b. Signature	3. Low							
c. Telephone Number		ntract Specialist's Initials							
50. Branch Code									